


Last Updated:

Shared Care Plan for Children and Youth with Special Health Needs		
Child/youth name:	Necessary releases obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child/youth likes to be called:	Team meeting date:	
Date of birth:	Meeting location:	
Parent(s):	Referred by:	
Parent phone #:	Other: 	
Primary care provider:		Interpreter (if applicable):
Gender identity: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other, please specify:		
Pronouns: <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> Other, please specify:		
Child/Family Strengths and Assets		
Child/Family Language and Culture		

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Child/Family Concerns and Goals	
For today:	
For the longer term:	
Brief Medical Summary	
Diagnosis:	
Medications:	
Current Interventions:	Tried Interventions:
Health Care Providers:	
Other Important Medical Information (Allergies/Alerts):	
Preferred Hospital:	Preferred Pharmacy:
Brief Summary of Involvement with Education/Community-Based Services	


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Team Members Contact List		<i>Note: Initial next to name to note attendance at meeting. Add rows as needed.</i>
Name	Role/Responsibility	Best way to contact
	Family member	
	Primary care provider	
	Education	
	Mental/behavioral health	
	Public health	
	Health plan/insurance	
	Interpreter	


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This project is funded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Oregon's Title V Maternal and Child Health Block Grant (#B04MC28122, in the amount of \$1,859,482) and the "Enhancing the System of Services for Oregon's CYSHCN" grant (#D70MC27548, in the amount of \$300,000). The project receives no nongovernmental funding. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government. To request permission to use this template please contact occyshn@ohsu.edu

Action Plan <i>Note: Add rows as needed.</i>			
<ul style="list-style-type: none"> ▪ The first goal of the team should be one that is identified by the family as a priority. ▪ If the child/youth is aged 12 or older, include a minimum of one goal focused on the transition to adult healthcare. 			
Shared goal:	Who?	Is doing what?	By when?
	This person	Will take this action	By this date Date completed:
	This person	Will take this action	By this date Date completed:
	This person	Will take this action	By this date Date completed:
	This person	Will take this action	By this date Date completed:
Date identified:	Notes:		
Date resolved:			

Action Plan			
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